

*LE DOMAINE DE LA SANTÉ COMME EXTENSION DES ACTIVITÉS DES
COOPÉRATIVES : UN PROJET PILOTE AU KENYA ET AU CAMEROUN
[EXTENDING COOPERATIVE ACTIVITIES TO HEALTH SECTOR: A PILOT PROJECT
IN KENYA AND CAMEROON]*

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STARTING POINT

How we can improve UHC in Africa ?

Health service is not only a matter of public organisation or private for profit enterprise

The SSE Enterprise (SSEE) which is coop or NPO with economic activities CAN play a unique value added role in health keeping in mind their characteristics or ADN

VALUE ADDED OF SEEE

- Capacity to be closely connected with members/population needs
- Capacity to bring wide range of stakeholders including public organisation (mutistakeholders coop)
- Offering a democratic room to discuss and choose priority (not based on capital ownership)
- Finality or *raison d'être* is not the profit but members satisfaction
- Could address long term issue in health instead of short term e.g. improving health situation rather than delivering only curative treatment

WHAT WE KNOW



(2014-2019) Many studies show the contribution of health coop in the improvement of health system (efficiency, satisfaction, of various stakeholders, capacity to reach isolated or marginalized population, etc.)



2014 world survey on coops getting involved in health done for the International Summit of Cooperatives show 2 evidence:

Lack of health coops in Africa despite huge needs in health
Many cases from Latin America (central, caribbean and South) showing inspiring actions: financial coops, agricultural coops and other kind of coops extend their activities to health. Sometime, it came from members needs other time from state request (Guatemala, El Recuerdo)

INSPIRING CASE COMING FROM ETIOPIA: OROMIA COFFEE FARMER COOPERATIVE UNION

- Successful cooperative producing varieties of coffee being certified organic and fair trade
- Use part of their surplus to invest in life improvement: Education, Water development, transportation and Health:
 - Health post (10) 72 000
 - Occupied Medical Equipment (3) 21 000
 - Dry latrine (7) 4 250
- <https://www.oromiacoffeeunion.org/>

AN IDEA, A PROCESS

Why not trying to duplicated the model of extension of activities into health in Africa since we have sucessfull coop in OTHER economic area and why not trying to convince existing health coop around the world to support new projects?

Discussion start in 2014 with Swiss Development and Cooperation (SDC) around this idea. Over the time, others organisations and stakeholders join the conversation. Including ILO, Coop Unit. A pilot project take shape: selecting 2 Africans countries where there is no health coop and where we work in French (Cameroon) and in English (Kenya)

KENYA AND CAMEROON AND GLOBAL PLATFORM

- 2 series of field studies were conducted (fall 2017 and Winter-spring 2019) to identify possible field partners and welcome comments and suggestion of various stakeholders. Between them, result were share at the Geneva Health Forum 2018 and workshop in Geneva in May 2018
- In Winter and spring 2019, a survey and other consultation were conducted around the idea of global platform

KENYA AND CAMEROON POSSIBLE PROJECT (2020-2024)

- Kenya:
 - Field support organisation: Health Promotion Alliance of Kenya (Kitale)
 - International partners: Nor West Community Health Cooperative (health promotion program) and Health Nexus (maternal health and digital)
- Cameroon
 - Field support organisation: Centre international de recherche et d'Enseignement et de Soins (Akonolinga)
 - International partners: Clinique santé Contrecoeur (dietary better control), Réseau Éducation Solidarité (health education), Confcooperative Sanità (drug distribution) and Health Nexus (maternal health and digital)